APPLICATION FOR RECORDS RETENTION SCHEDULE

**OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION**

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date	Georgia Student Finance Commission Georgia Higher Education Asst. Corp. Div. 2082 East Exchange Place, Suite 200 Tucker, Georgia 30034	Application Number **73- 190-A**
Application Number		Date Received **MAR 1 4 1983** Date Completed **APR 1 9 1983**

2. Person to Contact	Working Title	Telephone Number
William I. Brigham		393-7274

3. Action Requested

a. ☐ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☒ Amend Application No. __73-190__ Check One: ☒ Change; ☐ Supercede; ☐ Void

4. Dates of Series Earliest Latest	5. Records Series Title *(followed by title used in office; if different)*
To date	Student Loan Default Accounts Records File

6. Division and Office Function   What is the function of the Division and the Office in which this record series is created?

7. Record Series Description   This file contains the following documents *(include form numbers and titles, if any):* Attach samples of the file.

Documents relating to:

Included are:

File is arranged:

8. Monthly Reference Rate   How often are records referred to which are:

One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____;

twenty-five months and older _____? less than 3 times a year.

9. Annual Rate of Accumulation of Records

Letter-size drawers __6__; Legal-size drawers _____; Shelves _____; Other *(specify)* _____

YES	NO	10. Questionnaire (Place an "X" in the proper column)	
		a. Is this the official copy of the series? If not, where is it?	
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.	
		c. Is this a vital record?	
		d. Does this series have historical or long term research value?	
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?	
		f. Is the information contained in this series ever published? If yes, attach copy.	
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.	
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?	
		i. Is this series (or a major portion of it) regularly microfilmed?	
		j. Does the record series result in a computer printout?	

11. Retention Requirements   The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	_____ years.
c. Federal law	____5____ years.	f. Federal retention instructions	_____ years.

Attach copy or excert of laws or regulations. Explain administrative need.

(45 CFR 177)

12. Approved Disposition Instructions   This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

☐ Hold in the current files area _____ month(s) _____ year(s); then
☐ Transfer to local holding area; hold _____ year(s); then
☐ Transfer to State Records Center; hold _____ year(s); then
☐ Destroy.
☐ Transfer to State Archives for permanent retention.
☒ Other (Specify)

Upon repayment in full or when classified as Uncollectible, place all records in the Inactive Files. Cut off in active file at end of each fiscal year; hold in inactive file area until State Audit is completed, then transfer to State Records Center; hold 5 years, then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
		Ralph D Robert	3/10/83

		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee		4/6/83
	Secretary of State/Designee	Edward Weldon	4/4/83
	Attorney General/Designee		4/15/83

RECORDS RETENTION SCHEDULE

APPLICATION EVALUATION CHECKLIST

Series Title: Student Loan Default Accounts Records File   Agency: Student Finance Commission

Schedule No.: 73-190-A

Date Approved: _____

The attached application is being returned to you for further consideration, in accordance with the comments outlined below. Please let us know if we may be of any assistance to you in completing this application.

Yes No

☑ ☐ 1. All items completed (in accordance with established policies and procedures) *Corrections Made*

☐ ☑ 2. Samples attached

☑ ☐ 3. Compared with previous schedules for same organizational unit

☑ ☐ 4. Legal references cited, when applicable

☑ ☐ 5. Federal retention requirements cited, when applicable *Changes made*

☑ ☐ 6. Administrative reference requirements/reference rate analyzed in terms of proposed retention requirements

☑ ☐ 7. Disposition provided for all copies (of series) covered by application including microfilm, computer printouts, etc.

☑ ☐ 8. Agency approval signatures

☑ ☐ 9. Is implementation of schedule feasible?

☑ ☐ 10. Estimated record volumes identified? *information added*

Comments: Talked with Bill Brigham 3-14-83 to get federal retention requirements. He will have David Cantrell call re annual accumulation. Talked with David Cantrell 3-14-83 to get annual accumulation and reference.

Evaluation completed/corrected by: M. Noon   Date: 3-14-83

State Records Center review by: B. Lktw   Date: 3/15/83

SRC Comments: OK! Their implementation + pass off rate is better than many. Reference is nill.